



STATE OF INDIANA

FRANK O'BANNON, GOVERNOR

Gerald B. Coleman, Commissioner
BUREAU OF MOTOR VEHICLES
100 North Senate Avenue
Indianapolis, Indiana 46204
Telephone: (317) 232-2840

NAME OF INSURED

NAME OF DRIVER

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DATE PROOF OF INSURANCE REQUIRED

POLICY NUMBER

NAME OF INSURANCE COMPANY

DRIVER LICENSE NUMBER

VEHICLE DESCRIPTION:

YEAR MAKE LAST SIX (6) DIGITS OF VEHICLE IDENTIFICATION NUMBER

SIGNATURE OF AGENT/TITLE

DATE

AGENT PHONE NUMBER

AFFIDAVIT-COMplete FOR COMPANY OR RENTAL VEHICLES ONLY!!

I, _____ ("AFFIANT") STATE UNDER PENALTY OF PERJURY AS FOLLOWS:

1. AFFIANT IS EMPLOYED WITH OR VEHICLE RENTED FROM: (Company name, address and phone number) _____

2. ON THE DATE PROOF OF INSURANCE IS REQUIRED (AS A RESULT OF AN ACCIDENT OR OFFENSE) AS SHOWN ABOVE, THE ABOVE-LISTED DRIVER EITHER: (A) RENTED THE ABOVE-LISTED VEHICLE FROM THE COMPANY UNDER A RENTAL AGREEMENT OF THIRTY (30) DAYS OR LESS; OR (B) OPERATED THE ABOVE-LISTED VEHICLE, WHICH IS OWNED BY THE COMPANY, IN THE NORMAL COURSE OF THE DRIVER'S EMPLOYMENT.

SIGNATURE/DATE

COMPANY TELEPHONE NUMBER

**FRAUDULENT SIGNATURE WILL RESULT IN THE SUSPENSION OF
YOUR DRIVING PRIVILEGES!!**

PLEASE ALLOW 7-10 WORKING DAYS TO PROCESS COMPLIANCE OR AFFIDAVIT